

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045468

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317 544 3210  
FILED NOV 16 1962

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KirkwoodLength of stay in 1b  
10 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 623 Nirk Ave.,Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY OR TOWN Kirkwood

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
623 Nirk Ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ROY

E.

STEPHENS

## 4. DATE OF DEATH

Month

Day

Year

November 2 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3/1/91

9. AGE (last birthday) 71

IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired10b. KIND OF BUSINESS OR INDUSTRY  
Service Typewriter Rebuild.11. BIRTHPLACE (City and state or country)  
Texas12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Edward Stephens

## 13b. MOTHER'S MAIDEN NAME

Mary Weber

## 14. NAME OF HUSBAND OR WIFE

Glendolen Mary Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Roy E. Stephens, 623 Nirk, Kirkwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH  
Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic and hypertensive cardiovascular disease and chronic renal failure

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12-8-61 to 7-3-62

and last saw her alive on 7-3-62

Death occurred at

9:45 AM

on the date stated above, and to the best of my knowledge, from the cause stated.

## 22a. SIGNATURE

(Degree or title)

S. Robert Bowler M.D.

## 22b. ADDRESS

135 W. Adams St. Kirkwood 22, Mo.

## 22c. DATE SIGNED

11-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

11/5/62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

## 23d. LOCATION (City, town, or county)

Kirkwood, Mo.

## (State)

## 24. FUNERAL DIRECTOR

Louis H. Bopp, Inc.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

11-5-62

## 26. REGISTRAR'S SIGNATURE

J. M. Murphy M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Francis J. Wyland Jr.*

Licensed Embalmer No.

*4512*

P. O. Address

*Richwood, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.